

ANDERSON EXHIBIT 2G

CIVIL ACTION NO. 00 CV 10698 MLW

an obligation to pay money or property to the States' Medicaid Programs, causing the UNITED STATES to pay more money to the States' Medicaid Programs for DEY's, MYLAN's and others' drugs than it should have paid and thus resulting in great financial loss to the UNITED STATES and States' Governments.

180. Because of the DEFENDANT DEY's, the DEFENDANT MYLAN's and others' conduct as set forth in this Count, the UNITED STATES and States' Governments suffered actual damages in excess of Ten Million Dollars (\$10,000,000.00), all in violation of 31 U.S.C. §3729(a)(7).

REQUESTS FOR RELIEF

WHEREFORE, the Relator, on behalf of the UNITED STATES, demands that judgment be entered in its favor and against DEFENDANTS: ABBOTT LABORATORIES, INC., APOTHECON, INC., BRISTOL-MYERS SQUIBB COMPANY, DEY INC., MYLAN PHARMACEUTICALS, INC., ROXANE LABORATORIES INC., SCHEIN PHARMACEUTICAL, INC., SCHERING-PLOUGH CORPORATION and WARRICK PHARMACEUTICALS, with judgment to be entered against each defendant for the amount of damages: to the UNITED STATES arising from claims for each Defendant's respective specified drugs as follows:

1. On Count I (False Claims Act; Causing Presentation of False Claims) for triple the amount of the UNITED STATES' damages, plus civil penalties of no more than TEN THOUSAND DOLLARS (\$10,000.00) and no less than FIVE THOUSAND DOLLARS (\$5,000.00) for each false claim;

CIVIL ACTION NO. 00 CV 10698 MLW

2. On Count II (False Claims Act; Causing False Statements To Be Used To Get False Claims Paid By The GOVERNMENT) for triple the amount of UNITED STATES' damages plus civil penalties of no more than TEN THOUSAND DOLLARS (\$10,000.00) and no less than FIVE THOUSAND DOLLARS (\$5,000.00) for each false statement;

3. On Count III (False Claims Act; causing False Statements To Be Used To conceal An Obligation To Pay Money To The GOVERNMENT) for triple the amount of the UNITED STATES' damages plus civil penalties of no more than TEN THOUSAND DOLLARS (\$10,000.00) and no less than FIVE THOUSAND DOLLARS (\$5,000.00) for each false or fraudulent claim paid;

4. On Count IV (False Claims Act; Causing Presentation of False or Fraudulent Claims; Illegal Remuneration) for triple the amount of the UNITED STATES' damages, plus civil penalties of no more than TEN THOUSAND DOLLARS (\$10,000.00) and no less than FIVE THOUSAND DOLLARS (\$5,000.00) for each false claim;

5. On Count V (False Claims Act; Causing A False Record Or Statement To Be Made Or Used To Get A False Or Fraudulent Claim Paid Or Approved by the Government; Illegal Remuneration) for triple the amount of UNITED STATES' damages plus civil penalties of no more than TEN THOUSAND DOLLARS (\$10,000.00) and no less than FIVE THOUSAND DOLLARS (\$5,000.00) for each false statement;

6. On Count VI (False Claims Act; Causing Presentation of False or Fraudulent Claims; Prohibited Referrals, Claims and Compensation Arrangements) for triple the amount of the UNITED STATES' damages, plus civil penalties of no more than TEN

CIVIL ACTION NO. 00 CV 10698 MLW

THOUSAND DOLLARS (\$10,000.00) and no less than FIVE THOUSAND DOLLARS (\$5,000.00) for each false statement;

7. On Count VII (False Claims Act; Causing a False Record or Statement to be Made or Used to get a False or Fraudulent Claim Paid or Approved by the Government; Prohibited Referrals, Claims and Compensation Arrangements) for triple the amount of the UNITED STATES' damages, plus civil penalties of no more than TEN THOUSAND DOLLARS (\$10,000.00) and no less than FIVE THOUSAND DOLLARS (\$5,000.00) for each false statement;

8. On Count VIII (False Claims Act; Causing False Records or Statements To Be Used To Decease An Obligation To Pay Money Or Property To The Government) for triple the amount of the UNITED STATES' and States' damages, plus civil penalties of no more than Ten Thousand Dollars (\$10,000.00) and no less than Five Thousand Dollars (\$5,000.00) for each false record or statement.

9. For all fees and costs of this civil action; and

10. For such other and further relief as the Court deems just and equitable.

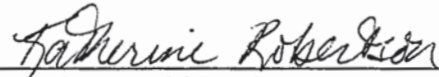
Further, the Relator, on its behalf, requests that it receive thirty percent (30%), [twenty-five percent (25%) if the UNITED STATES GOVERNMENT intervenes and proceeds with this case] or such other maximum amount as permitted by law, of the proceeds of this action or settlement of this action collected by the UNITED STATES, plus an amount for reasonable expenses incurred, plus reasonable attorneys' fees and costs of this action. The Relator requests that its percentage be based upon the total value recovered, including any amounts received from individuals or entities not parties to this action.

CIVIL ACTION NO. 00 CV 10698 MLW

DEMAND FOR JURY TRIAL

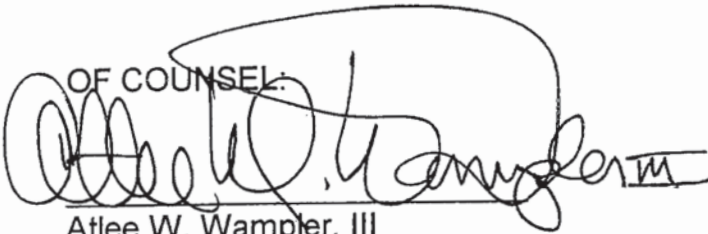
A jury trial is demanded in this case.

Respectfully submitted,
Attorneys for
the Private Person Plaintiff,
Ven-A-Care of the Florida Keys, Inc.

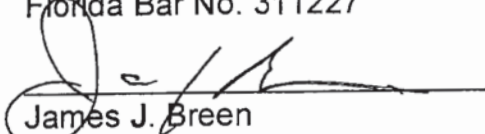


Francis D. Dibble, Jr.
BBO No.: 123220
Katherine A. Robertson
BBO No. 557609
Bulkley, Richardson and Gelinas, LLP
1500 Main Street, Suite 2700
Springfield, MA 01115-5507
Telephone: 413-781-2820
Facsimile: 413-785-5060

OF COUNSEL:



Atlee W. Wampler, III
Florida Bar No. 311227



James J. Breen
Florida Bar No. 297178
Attorneys for the United States
of America by and through
Ven-A-Care of the Florida
Keys, Inc., the Relator
WAMPLER, BUCHANAN & BREEN, P.A.
900 Sun Trust Building
777 Brickell Avenue
Miami, Florida 33131
Telephone: (305)577-0044
Facsimile: (305)577-8545

CIVIL ACTION NO. 00 CV 10698 MLW

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 15th day of February, 2001, I caused an original ~~and a copy~~ of this First Amended Complaint to be filed under seal and in camera for sixty (60) days and not to be served on the Defendants named herein or until further order of this Honorable Court.

I HEREBY CERTIFY that prior to this 15th day of February, 2001, I caused a copy of this First Amended Complaint and written disclosure of substantially all material evidence and information the Relator, VEN-A-CARE possesses to be served on the Government pursuant to Rule 4(i)(1)(A) and (B), Fed.R.Civ.P., prior to the filing of this First Amended Complaint by delivering a copy of the First Amended Complaint, material evidence and information to the United States Attorney for the District of Massachusetts, and by sending a copy of the First Amended Complaint, material evidence and information by Certified Mail, Return Receipt Requested, to the Attorney General of the United States in Washington, D.C.

Respectfully submitted,



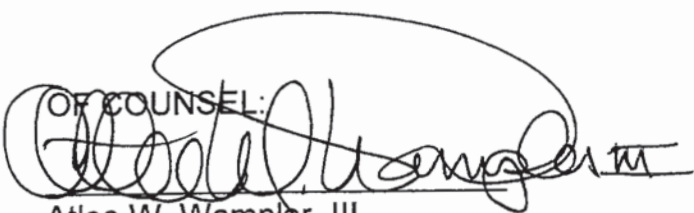
Francis D. Dibble, Jr.

BBO No.: 123220

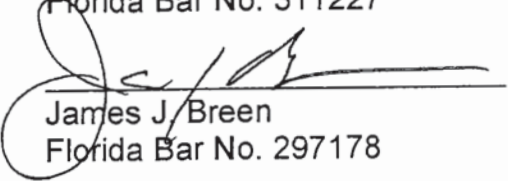
Katherine A. Robertson

BBO No. 557609

OF COUNSEL:



Atlee W. Wampler, III
Florida Bar No. 311227



James J. Breen
Florida Bar No. 297178

F:\CLIENTS\4590\AMENDED\amd-cmp-fin.wpd

TO: WBB

AT: 13055778545



Texas Department of Health

William R. Archer III, M.D.
Commissioner of Health

<http://www.tdh.state.tx.us>

1100 West 49th Street
Austin, Texas 78756-3199
(512) 438-7111

Patti J. Patterson, M.D., M.P.H.
Executive Deputy Commissioner

Under the Omnibus Budget Reconciliation Act (OBRA) of 1990, the state of Texas Vendor Drug Program will continue to request completed questionnaire as a requirement for the production addition to the Texas Vendor Drug Index (TVDI). A form is included so that all necessary information from the manufacturer will be available for pricing and dosing recommendations. Questionnaires should be limited to no more than 20 per submittal request for any one month period. A separate questionnaire is to be submitted for each drug and strength. Please supply a cover sheet listing all products, strengths and package sizes for which you are submitting applications. Questions must be answered in full (NO - N/A). This form may be reproduced.

All inquiries regarding this questionnaire for BVD and revisions are to be directed to:

Texas Department of Health
Bureau Vendor Drug
1100 West 49th Street.
Austin, Texas 78756-3174

Drugs are listed in the BVD using the NDC number of the manufacturer or distributor who is holding the drug forth as his own and has his company's name on the label of the container that is sold to the pharmacy. If your company has a product to which the "New Drug Coverage" applies, please add the FDA approval date of the New Drug Application (NDA), Product License Approval (PLA), Establishment License Approval (ELA), or Antibiotic Drug Approval (ADA) to the questionnaire.

Martha McNeill, R.Ph.
Director of Product Management
Bureau of Vendor Drug
(512)338-6965
(512)338-6462-Fax
(512)338-6932-Secretary

EXHIBIT "1"

**REQUEST FOR INFORMATION FOR NEW DRUG PRODUCT OR FOR
ADDITIONAL INFORMATION OF PRODUCTS CURRENTLY
INCLUDED IN TEXAS MEDICAID**

Please fill out the following information for consideration on Texas Medicaid

INCLUDE A COPY OF FILE CARD, PACKAGE INSERT AND OR MATERIAL FOR PHYSICIANS

DRUG DESCRIPTION

NDC. NO:		PACKAGE QTY:
(multiple package size of same strength)		products may be included)
PRODUCT BRAND NAME: _____		
GENERIC NAME: _____		
**STRUCTURALLY RELATED DRUGS: _____		
DRUG STRENGTH: _____		
COLOR:	FLAVOR:	ORANGE BOOK RATING:
DOSEAGE FORM:	IS THIS DRUG LEGEND OR OTC?	DEA SCHEDULE OF THE DRUG:
MAXIMUM DAILY DOSE: _____		
RECOMMENDED DAILY DOSE: _____		
INGREDIENTS/DESCRIPTION: _____		
**LIST SHELF LIFE: _____		
**ESTIMATED AVG. DURATION OF THERAPY: _____		
**MAXIMUM DURATION OF TREATMENT: _____		
<p>A - Drug products that FDA considers to be therapeutically equivalent to other pharmaceutically equivalent products.</p> <p>B - Drug products that FDA at this time, considers not to be therapeutically equivalent to other pharmaceutically equivalent products.</p> <p>C - Not listed in Orange Book</p>		

**** NEW ADDITIONAL INFORMATION - revised (April 1, 1998)**

ATTACH COPIES OF PRICE LIST & ADD TO MAILING LIST IF NOT CURRENTLY LISTED*

PRICE INFORMATION

AVERAGE OF SUGGESTED WHOLESALE PRICE TO PHARMACY (AWP)	\$
PRICE TO WHOLESALER AND/OR DISTRIBUTOR	\$
DIRECT PRICE TO PHARMACY	\$
PRICE TO CHAIN WAREHOUSE	\$
*INSTITUTIONAL OR OTHER CONTRACT PRICE** (Nursing Home, Home Health Care)	\$
OTHER PRICE	\$

One set of price lists is sufficient for multiple submittals.

Notes: If prices vary by specific contract or customer arrangement, you may provide a price range.**

Please circle the companies to whom you report pricing information.

FIRST DATA BANK PRICE ALERT

RED BOOK

EDI-SPAN

BLUE BOOK

OTHER: _____

Do you sell to distributors, repackagers, or relablers, other than full-service drug wholesalers, who in turn sell your product to the retail trade bearing your NDC number?

If yes, attach a listing.

Attach a copy of your sales agreement with retail pharmacists (contract, policy, etc)

Attach a copy of your Vendor Liability Insurance:

a. Included or

b. Previously submitted or unchanged. (Do not need to resubmit)

Available date through WHOLESALERS _____

Name of firm:		
Address:		
City:	State:	Zip:
Name and address of Manufacturer of drug:		
City:	State:	Zip:
Name and Address of representatives/government affairs persons covering the Texas area; if applicable:		
City:	State:	Zip:
Phone:		

1. Is this product now marketed under an approved NDA or ANDA?

Submit a copy of the FDA letter of approval of the NDA or ANDA, or, if not applicable, a copy of the FDA letter of approval for marketing.

2. Please circle DESI classification of this product.

- 2 Non-DESI/IRS: safe and effective
- 3 DESI/IRS under review
- 4 LTE DESI/IRS for some indications
- 5 Non-Covered - LTE DESI/IRS for all indications
- 6 Non-Covered - LTE DESI/IRS withdrawn from the market

product added to the Texas Vendor Drug Program must bear the labeler code, as defined by the FDA, of the entity, with the exception of a bonafide full-service drug wholesaler, marketing the final sale to the provider.

Manufacturers or distributors having one or more of their pharmaceuticals included in the program are responsible for submitting notification of any changes pertaining to any of the above information not later than such revisions are scheduled to occur to:

Texas Department of Health
Bureau of Vendor Drug
Attn: Martha McNeill, R.Ph.
Director of Product Management
1100 West 49th Street
Austin, Texas 78756-3174

I certify that the information submitted is correct to the best of my knowledge and that this product is not now in violation of either Federal or State Law. I also agree to inform the Texas Department of Health, in writing, of any changes in formulation, product status, price or availability as herein describe, within fifteen (15) days of such change.

Responsible Person (Type or Print)

Signature

Title

Address

City

State

Zip

Company Name

()
Telephone

Point-of-Care Knowledge Bases

First DataBank

New Product Submission Form

For your convenience, you may use this form to add products to the National Drug Data File (NDDF). Please make copies of this form for each add.

NDC Number	
UPC Number	
Product Name	
RX or OTC	
Package Size (ml, gm, each)	
Dosage Form (tablet, capsule, powder filled vial, ampul, ointment, etc...)	
Wholesale (Distributor) Price	
Direct Price	
AWP Price	
Effective Date (start ship date)	
Active Ingredients & strengths (Package Insert and Label are preferred.)	

Company Name: _____

Your Name: _____

Telephone: _____



7500 North Natchez Avenue, Niles, Illinois 60714-3804 • Telephone 1 800 547-3869

December 20, 1994

*Warrick's price
is based on direct price*

Gerry F. Wello
Pharmacy Program Manager
Medicaid Pharmacy Services
Agency for Health Care Administration
1317 Winewood Blvd.
Tallahassee FL 32301-0700

Dear Ms. Wello:

Warrick Pharmaceuticals, a unit of Schering-Plough Corporation, is pleased to announce the availability of Griseofulvin Ultramicrosize Tablets, USP, a generic to Fulvicin®P/G (griseofulvin ultramicrosize) Tablets, USP. Product information for package sizes and pricing information is as follows:

PRODUCT	Package Size	NDC # 59930-	AWP	Direct Wholesale/ Chain Price
Griseofulvin Tablets, USP 125 mg	100	1620-1	\$33.11	\$24.95
Griseofulvin Tablets, USP 250 mg	100	1621-1	\$64.96	\$48.75
Griseofulvin Tablets, USP 330 mg	100	1624-1	\$82.47	\$61.85

*SAC
= Direct
+ 7%*

2670

5216

66.18

Please be advised that Warrick does not sell direct to retail pharmacies. Package Inserts, statement of Therapeutic Equivalence, and the FDA Approval Letter are enclosed. See INDICATIONS section of package insert for Indications/Use. This product is being marketed under the Fulvicin P/G NDA, #61-996. This information is provided in the event it is required for reimbursement purposes. If you require additional information, please do not hesitate to contact us.

Sincerely,

Phyllis T. Sinoradzki

Phyllis T. Sinoradzki
Executive Assistant

RECEIVED

JAN 03 1995

PDMP

EXHIBIT "3"

**Roxane**
Laboratories, Inc.

P.O. Box 16532 • Columbus, Ohio 43216-6532 • Phone 614/276-4000 • Fax 614/274-0974

September 26, 1994

Susan McCloud
Acting Pharmacy Program Manager
Medicaid Office of Program Development
Department of Health & Rehabilitative Services
B-6, R-280
1317 Winewood Blvd.
Tallahassee FL 32399-0700

EAC = Wholesale + 7%
This one pays as we expect.
Because we pay on Wholesale/direct not AWP, we get significant savings

MEDICAID PRODUCT ADDITION NOTIFICATION

Trade Name: not applicable

Generic Name: Methotrexate Tablets USP, 2.5 mg

Dosage Form & Strength: tablet, 2.5 mg

*what we pay
of AWP*
↓

	NDC (0054)	Package Size	Direct Price	Wholesale Price	AWP = 40.4%
799	4550-25	Bottle of 100 Tablets	\$188.40	\$157.00 + 7% = 1.6799	\$305.16 - 45%
	4550-15	Bottle of 36 Tablets	\$69.60	\$58.00	\$133.88
39	8550-25	10 x 10 UD Blisters	\$206.80	\$172.33 + 7% = 1.8439	\$305.16 - 48.6%
week	8550-03	4 x 2 Dosage Pack	\$17.85	\$15.50	\$23.00
g/week + tabs	8550-05	4 x 3 Dosage Pack	\$26.50	1.9167 - 7% = 20508 \$23.00	2.9167 - 29.5% \$35.00 - 29.7%
	8550-06	4 x 4 Dosage Pack	\$35.35	\$30.75	\$49.00
	8550-07	4 x 5 Dosage Pack	\$44.25	\$38.50	\$61.00
	8550-10	4 x 6 Dosage Pack	\$53.25	\$46.25	\$72.00

NDA Number: 40-054Approval Date: 8-1-94

ROXANE • PAIN • INSTITUTE™



...breathing easier and pain relief through their lungs...
1 • 8 0 0 • 3 3 5 • 9 1 0 0

RECEIVED

OCT 05 1994

PDMP



12125 Moya Boulevard, Reno, Nevada 89506-2600 • Telephone 1 800 547-3869

March 6, 1997

Ms. Martha McNeil
Texas Department of Health
Vendor Drug Program
Texas State Medicaid
1100 West 49th Street
Austin, Texas 78756-3174

Dear Ms. McNeil:

Enclosed please find a copy of the most current Warrick Pharmaceuticals Product Line which includes the Product Name, Package Size, NDC#, Therapeutic Rating, AWP and WAC pricing.

Please call Ms. Amy Stivale at 908-629-3604 if you require anything further.

Regards,

Louis Manfredi
Manager
Business Development

LM:ajs

lm70219c

EXHIBIT "4"

WARRICK PRODUCTS	PKGS./CASE	NDC #	Rating	AWP	Wholesale Price (Cost/TEACOP)
Cimetidine Tablets 400 mg	100	59930-1802-1	AB	\$138.82	\$64.09
	500	59930-1802-2	AB	694.10	283.36
	1000	59930-1802-3	AB	1388.20	544.68
Cimetidine Tablets 800 mg	100	59930-1803-1	AB	246.01	113.61
	500	59930-1803-2	AB	1230.05	511.20
	1000	59930-1803-3	AB	2460.10	956.60
Clotrimazole Cream, USP 1%	15 g	59930-1570-1	AT	7.85	6.25
	30 g	59930-1570-2	AT	13.40	10.50
	45 g	59930-1570-3	AT	16.25	12.75
	2 x 45 g	59930-1570-9	AT	22.25	17.50
Flurbiprofen Tablets, USP 50 mg	100	59930-1771-1	AB	68.02	42.25
Flurbiprofen Tablets, USP 100 mg	100	59930-1772-1	AB	107.58	65.00
	500	59930-1772-2	AB	521.76	292.50
Glyburide Tablets 1.25 mg	100	59930-1592-1	AB	18.35	8.60
Glyburide Tablets 2.5 mg	100	59930-1622-1	AB	30.60	12.65
Glyburide Tablets 5 mg	100	59930-1639-1	AB	53.00	18.88
	500	59930-1639-2	AB	228.00	89.70
	1000	59930-1639-3	AB	440.00	170.00
Griseofulvin Ultramicrosize Tablets, USP 125 mg	100	59930-1620-1	AB	33.11	27.43
Griseofulvin Ultramicrosize Tablets, USP 250 mg	100	59930-1621-1	AB	64.96	53.80
Griseofulvin Ultramicrosize Tablets, USP 330 mg	100	59930-1624-1	AB	82.47	68.30
Metoprolol 50 mg	100	59930-1795-1	AB	41.75	10.12
Metoprolol 100 mg	100	59930-1797-1	AB	62.75	15.40
Mexiletine HCl Capsules, USP 150 mg	100	59930-1685-1	AB	69.24	54.35
Mexiletine HCl Capsules, USP 200 mg	100	59930-1686-1	AB	82.22	64.75
Mexiletine HCl Capsules, USP 250 mg	100	59930-1687-1	AB	95.66	75.30

WARRICK PRODUCTS	PKGS	NDC #	Rating	ASP	Wholesale Acquisition Cost (WAC)
Albuterol, USP Inhalation Aerosol 17 g	Box of 1	59930-1560-1	AN	\$ 21.41	\$ 21.41
Albuterol, USP Inhalation Aerosol Refill 17 g	Box of 1	59930-1560-2	AN	19.79	19.79
Albuterol Sulfate, USP Tablets 2 mg	100	59930-1520-1	AB	23.65	2.50
	500	59930-1520-2	AB	112.25	8.69
Albuterol Sulfate, USP Tablets 4 mg	100	59930-1530-1	AB	35.20	4.50
	500	59930-1530-2	AB	168.25	17.38
Albuterol Sulfate, USP Inhalation Solution, 0.083 %	60 x 3mL	59930-1500-6	AN	72.60	44.86
	25 x 3mL	59930-1500-8	AN	30.25	18.69
Albuterol Sulfate, USP Solution for Inhalation, 0.5 %	20 mL	59930-1515-4	AN	14.99	9.45
Albuterol Sulfate, USP Syrup, 2 mg/5 mL	16 oz.	59930-1510-5	AA	24.75	9.95
Augmented Betamethasone Dipropionate Ointment 0.05 %	15 g	59930-1575-1	AT	21.47	16.46
	45 g	59930-1575-2	AT	43.20	33.63
	50 g	59930-1575-3	AT	51.30	47.75
Captopril Tablets, USP 12.5 mg	100	59930-1655-1	AB	59.13	3.50
Captopril Tablets, USP 25 mg	100	59930-1656-1	AB	63.93	6.75
	500	59930-1656-2	AB	303.66	32.91
	1000	59930-1656-3	AB	565.95	64.13
Captopril Tablets, USP 50 mg	100	59930-1657-1	AB	109.62	12.00
	500	59930-1657-2	AB	520.71	58.50
	1000	59930-1657-3	AB	989.36	114.00
Captopril Tablets, USP 100 mg	100	59930-1658-1	AB	149.98	22.00
Cimetidine Tablets 200 mg	100	59930-1800-1	AB	79.92	36.92
	500	59930-1800-2	AB	388.60	166.14
	1000	59930-1800-3	AB	799.20	313.82
Cimetidine Tablets 300 mg	100	59930-1801-1	AB	83.65	38.64
	500	59930-1801-2	AB	418.26	173.88
	1000	59930-1801-3	AB	836.52	328.44

Product Name	Quantity	Product Code	Form	Wholesale Price	Wholesale Cost (WAC)
Perphenazine Tablets, USP 2 mg	100	59930-1600-1	AB	\$ 46.00	\$21.85
Perphenazine Tablets, USP 4 mg	100	59930-1603-1	AB	65.00	28.85
Perphenazine Tablets, USP 8 mg	100	59930-1605-1	AB	78.00	35.98
Perphenazine Tablets, USP 16 mg	100	59930-1610-1	AB	108.00	48.03
Selegiline HCl Tablets, USP 5 mg	60	59930-1537-1	AB	122.45	97.96
	500	59930-1537-2	AB	1010.20	808.16
	1000	59930-1537-3	AB	2000.00	1600.00
Theophylline Extended Release Tablets 100 mg	100	59930-1650-1	AB	11.70	4.31
	500	59930-1650-2	AB	38.00	19.00
	1000	59930-1650-3	AB	74.00	36.97
Theophylline Extended Release Tablets 200 mg	100	59930-1660-1	AB	19.00	6.25
	500	59930-1660-2	AB	82.00	28.75
	1000	59930-1660-3	AB	155.00	54.93
Theophylline Extended Release Tablets 300 mg	100	59930-1670-1	AB	22.00	8.00
	500	59930-1670-2	AB	98.00	38.20
	1000	59930-1670-3	AB	190.00	73.43
Theophylline Extended Release Tablets 450 mg	100	59930-1680-1	AB	27.75	23.12

APOTHECON

P.O. Box 4500 Princeton, NJ 08543-4500 609 897-2000

NDF
11/7

November 7, 1996

Susan McLeod, R.Ph.
Senior Pharmacist
Medicaid Office
P.O. Box 12600
Tallahassee, FL 32317-2600

Dear Ms. McLeod:

I am writing to inform you of changes in the availability for Apothecon's Atenolol 50 mg and 100 mg tablets. The previous NDC numbers, new NDC numbers, and pricing information for these products are listed below. Products bearing the old NDC numbers will be available until current stocks are depleted. The last expiration date for products with the previous NDC numbers is November 1, 1998.

Product Description	Previous NDC Number	New NDC Number	Direct List Price	WAC	AWP
Atenolol 50 mg Tablets, 100's	00003-3040-50	62269-0256-24	\$58.68	\$55.75	\$66.90
Atenolol 50 mg Tablets, 1000's	00003-3040-75	62269-0256-54	\$526.32	\$500.00	\$600.00
Atenolol 100mg Tablets, 100's	00003-5240-50	62269-0257-24	\$84.42	\$80.20	\$96.24

Apothecon is a participating manufacturer in the Medicaid rebate agreement. Pricing information has been sent to First Databank, Red Book, and Medi-Span.

If you have any questions, please do not hesitate to contact me at (609) 897-2476 or (609) 897-6349 (fax).

Sincerely,



Nick DiMaio
Associate Director, Marketing

~~722-877-15~~

EXHIBIT "5"



A Bristol-Myers Squibb Company

APOTHECON

P.O. Box 4500 Princeton, NJ 08543-4500 609 897-2000

December 5, 1996

Susan McLeod, R.Ph.
 Senior Pharmacist
 Medicaid Office
 P.O. Box 12600
 Tallahassee, FL 32317-2600

Dear Ms. McLeod:

I am writing to amend information submitted to you on November 7, 1996 related to Apothecon's Atenolol Tablets. The corrected NDC number for Atenolol 50 mg, bottle of 1000 is shown below. In addition, wholesaler acquisition cost (WAC) for these products is provided. Previously submitted pricing information included the wholesaler list price which is based on average wholesale price (AWP).

Product Description	NDC Number	WAC Pricing	First Databank AWP
Atenolol 50 mg Tablets, 100's	62269-0256-24	\$3.96	\$69.69
Atenolol 50 mg Tablets, 1000's	62269-0256-30	\$30.59	\$625.00
Atenolol 100 mg Tablets, 100's	62269-0257-24	\$6.51	\$100.25

Thank you for your assistance. Please do not hesitate to call me at (609) 897-2476 if you have any questions.

Sincerely,

Nick DiMaio/pu

Nick DiMaio
 Associate Director, Marketing

EXHIBIT "6"

